

APPLICATION FOR LICENSE TO OPERATE A COMMERCIAL DRIVER TRAINING SCHOOL

A \$500 fee (non-refundable application fee \$300, license fee \$200) must accompany this application. Do not send cash. Make check or money order payable to Department of Licensing and mail to:

payable to Department of Licensing and mail to: Department of Licensing, PO Box 9048, Olympia, WA 98507-9048.							
NAME OF SCHOOL					NAME OF ON-SITE MANAGER		
STREET ADDRESS							
CITY	COUNTY		STATE	ZIP	(AREA CODE) TELEPHONE NUMBER		
MAILING ADDRESS (If different)							
CITY			STATE	ZIP			
TYPE OF BUSINESS Owner Partnership Associate	E-MAIL ADDRESS						
NAME, RESIDENCE ADDRESS, AND TELEPHONE NUMBER Failure to disclose owner/partnership infor					ense.		
SCHOOL HISTORY New school Branch of	_located a						
SCHOOL NAME Location change		STREET ADD	DRESS AND	CITY			
Purchased existing school on Provide name of previous owner(s) and				reement.)			
LOCATION							
Is the school or branch located at least 1,0 Department of Licensing office where example 1,0 Department of Licensing office where example 1,0 Department of Licensing of the located at least 1,0 Department of Licensing of Lice	•	•	ducted?		Yes No		
Is the school or branch located in a district and in a building space that is used exclusions.					Yes 🗌 No		
INSTRUCTOR INFORMATION							
Has any officer, director, stockholder, part indirectly interested in your school ever be		•			Yes No		
Has any officer, director, stockholder, part ever been convicted or a crime involving v		-	-	-			
Provide names of all instructors:							

VEHICL		oing used by your saba	nol2 (antar number than list as	rs holow)		
YEAR	MAKE MAKE	MODEL	ool? (enter number then list can	DUAL CONTROLS?	PROPERLY SIGNED	
				☐ Yes ☐ No	☐ Yes ☐ No	
				☐ Yes ☐ No	☐ Yes ☐ No	
				☐ Yes ☐ No	☐ Yes ☐ No	
				Yes No	☐ Yes ☐ No	
NSURA	ANCE					
\$50,000 Uninsur	DO because of bodily injury to property damage to others ed motorists coverage. The copy of the policy or binders	in the accident; and				
NAME OF INSURANCE COMPANY			POLICY NUMBER	COMPANY (AREA COD	COMPANY (AREA CODE) TELEPHONE NUMBER	
 _EGAL			I			
Are ther	re any civil actions now pend mber, directly or indirectly int		ss or		□ Yes □ No	
ATTES	TATION					
I hereby	certify that the above stater	ments are true.				
PRINT NA X SIGNED	ME OF OWNER, PARTNER, ASSOCIATE	E, OR CORPORATE OFFICER	DATE			
PRINT NA	IME OF OWNER, PARTNER, ASSOCIATE	E, OR CORPORATE OFFICER				
SIGNED			DATE			

Note: A false statement on this application is basis for refusal or revocation of a license.

Allow 30 days for application review and receipt of a letter of instruction on scheduling a school inspection.

DATE

X SIGNED